

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043449

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 1637

STATE FILE NUMBER

VS 300  
Rev. 4/59

10397

20220

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		c. CITY OR TOWN <u>Nixa, Route #1</u>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>900 West Pershing</u>		d. STREET ADDRESS (If outside, give location) <u>5 miles Northwest</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Condia</u> Last <u>Bailey</u>		4. DATE OF DEATH Month <u>November</u> Day <u>21</u> , Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/27/1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY ---	
11a. FATHER'S NAME <u>Arthur Slay</u>		11b. MOTHER'S MAIDEN NAME <u>Easter Stephenson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral artery thrombosis</u> DUE TO (b) <u>14 days</u> DUE TO (c) <u>Interval between onset and death</u>		17. INFORMANT Address <u>Springfield, Mo.</u> <u>Mr. George Bailey, 2120 N. Summit</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5 November 1963</u>		20f. CITY, TOWN, OR LOCATION <u>Springfield, Mo.</u>	
21. I attended the deceased from <u>4:10 p.m.</u> to <u>19 Nov. 1963</u> and last saw him alive on <u>19 Nov. 1963</u>		21. I attended the deceased from <u>4:10 p.m.</u> to <u>19 Nov. 1963</u> and last saw him alive on <u>19 Nov. 1963</u>	
22a. SIGNATURE <u>Francis M. Maple MD</u>		22b. ADDRESS <u>Springfield, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 24, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Ponce de Leon Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ponce de Leon, Missouri</u>	
24. FUNERAL DIRECTOR <u>John Harris, Ozark, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bernie Medley</u>		26. REGISTRAR'S SIGNATURE <u>Bernie Medley</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

11-21-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.